



PATIENT

Nala Sheehan

SPECIES

Canine

BREED

Shepherd Mix

SEX

Shepherd Mix

AGE

7 Years

WEIGHT

60.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (Canine &
Feline), Cert. IVUSS

IMAGING PERFORMED BY

Ginny Dodd, DVM, D,
ABVP-CFP

HOSPITAL NAME

Armstrong AC

REFERRING VET

Dr. Joseph Aquino

INVOICE

35977

DATE

5/7/26

PRESENTING CLINICAL SIGNS

History: Pet occasionally urinates in house, occasionally gets very thirsty
annual exam noted abnormal labs. On Apoquel 16 mg once daily

Abnormal PE/Chem/CBC/UA Results: PE: BAR, BCS 5/9, hair coat normal CBC- HCT 38.7- sl low;
Hgb 14.4- sl low, MCHC high normal CHEM ALP 381

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 5.6 cm. The left kidney measured 5.56 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 2.54 cm x 0.53 cm at the cranial pole and 0.43 cm at the caudal pole. The left adrenal gland measured 3.05 cm x 0.56 cm at the caudal pole and 0.42 cm at the cranial pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** itself was unremarkable. A minor amount of gallbladder sand (2.0 cm of sand) was noted, nonobstructive.

Gastrointestinal

The **stomach** in this patient revealed minor mucosal hypertrophy. No loss of mural detail was noted. The small intestine and colon were unremarkable.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental



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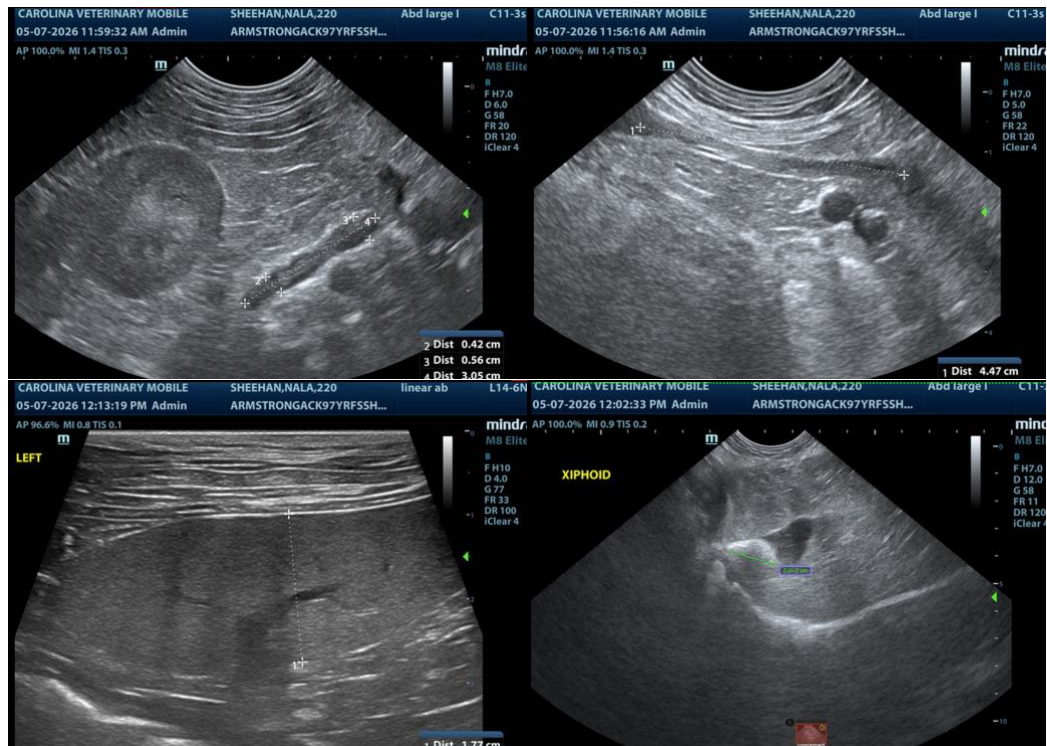
fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation, then low-grade smoldering chronic pancreatitis should be suspected.

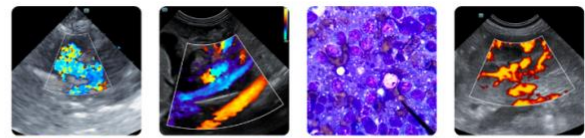
ULTRASONOGRAPHIC FINDINGS

- Minor gallbladder sand
- Mucosal hypertrophy of the stomach
- Unremarkable urethra
- Age-related pancreatic changes
- Unremarkable abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant disease. Cannot rule out microulcerative gastritis given the slight anemia in this patient; empirical measures and GI protectants would be warranted if this is suspected. No evidence of structural urinary disease is present to be responsible for the urinary signs. Assessment for UTI or disease of the vaginal vestibule should be considered.





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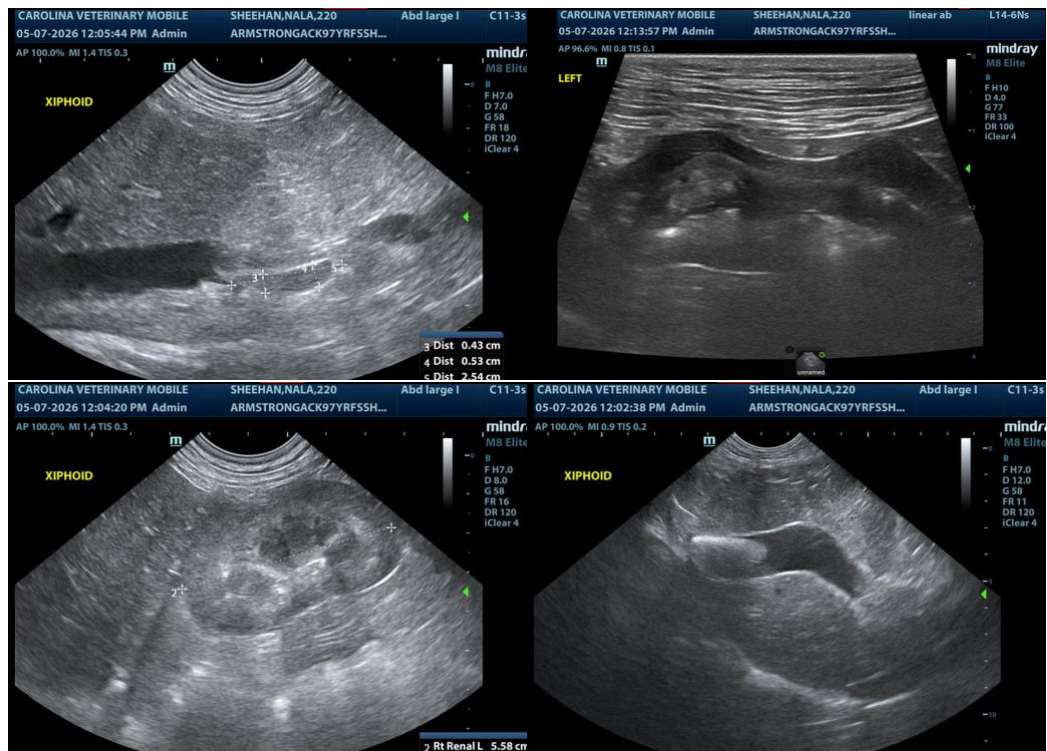
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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